ILLINOIS HIV PLANNING GROUP ILHPG NEWSLETTER

Newsletter 14 Summer 2016

CALENDAR OF EVENTS

2016 ILHPG/Integrated HIV Care and Prevention Planning Meetings

May 19, 2016: Joint ILHPG/RW Webinar, 10am-12:30pm

May 20, 2016: ILHPG Webinar, 10am-12:30pm

June 17, 2016: ILHPG Webinar, 10am-12:30pm

July 15, 2016: ILHPG Webinar, 10am-12:30pm

August 18, 2016: Joint ILHPG/RW Webinar, 10am-12:30pm

August 19, 2016: ILHPG Webinar, 10am-12:30pm

UPDATES FROM THE CO-CHAIRS

Hello, everyone. This year has gone by so quickly. We are now almost half way into the year and fast approaching the August concurrence process and vote. That will serve as the culmination of all the work we have done last year through now toward developing the first Illinois Integrated HIV Care and Prevention Plan. We are very excited!

We want to take an opportunity to summarize all we have done this year alone in terms of HIV prevention planning and to prepare members for the August concurrence process:

- Provided training to members on basic HIV epidemiology and use of data for prevention planning
- Provided an in-depth overview of the current HIV epidemic in Illinois, unmet need, and HIV care Continuum of Care
- Provided an overview of the Sexually Transmitted Infections in Illinois and HIV-STI co-infections
- Updated our list of and points of consideration for the 2017 Prioritized Populations for Targeted Prevention Services
- Updated the risk group definitions for 2017 prioritized populations
- Vetted changes that the Interventions and Services Committee is considering to the guidance for approved prevention interventions and services for 2017.

A lot of work goes into the development of the documents and materials presented to the full ILHPG prior to the meeting discussions. We want to take this opportunity to thank all the committee members for the great work you do throughout the year and to the co-chairs of the committees for providing leadership and direction to continually guide the process. We thank you!

Janet and Valerie

ILHPG Government and Community ILHPG Co-chairs

Submitted by Janet Nuss, Illinois Department of Public Health, ILHPG Coordinator and Co-chair

INTEGRATED PLANNING STEERING COMMITTEE UPDATE

Submitted by Janet Nuss, ILHPG Coordinator, ILHPG Co-chair, Integrated Planning Steering Committee Co-chair, Illinois Department of Public Health

I am happy to report that we have conducted two Integrated Planning Group webinar meetings so far in 2016. At the first meeting, held March 17th, there was a Region 8 panel presentation in featuring the region's HIV Care and Prevention lead agents and a representative from the Chicago Department of Public Health HIV Prevention and Care programs and Chicago Area HIV Integrates Services Council (CAHISC). The presentations and subsequent discussion focused on the current distribution of the HIV epidemic in the region; current challenges experienced in delivery and access to HIV care and prevention services in the region; collaborative efforts and strategies implemented to meet the goals of the National HIV/AIDS Strategy; and HIV care coordination between the Chicago eligible metropolitan area (EMA) and the collar counties. The IDPH HIV Surveillance Administrator then provided an in-depth overview of the HIV epidemiologic profile in Illinois, unmet need analysis, and an updated HIV Care Continuum.

At the May 19th meeting, there was a Region 4 panel presentation featuring the region's HIV Care and Prevention lead agents and a representative from the City of St. Louis Health Department and HIV Services Council. The panel presentation and subsequent discussion focused on trends in the region's HIV epidemic; challenges experienced in HIV care and prevention service delivery and access; ongoing collaborative efforts to address service gaps and barriers and to enhance testing efforts and linkage, engagement, and retention in care for HIV positives; and HIV care coordination between the St Louis transitional grant area (TGA) and the Illinois counties included in that TGA. The IDPH HIV Prevention and Care programs also provided overviews of statewide 2015 service utilization for their programs.

At both meetings, the Integrated Planning Steering Committee Co-chair provided an update on the work of the steering committee and on progress toward development of the Illinois Integrated HIV Care and Prevention Plan. The committee has also continued to review results of survey evaluations for each meeting, adapt meeting agendas, and make

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INTEGRATED PLANNING STEERING COMMITTEE UPDATE

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other modifications every step of the way. The committee has also developed a Concurrence Checklist that will be used by members throughout the year to determine if the essential elements of concurrence have been met prior to the concurrence vote by the full Integrated Planning Group body at its August 18 meeting.

After the May 19 meeting, the ILHPG Coordinator emailed members of the Integrated Planning Group and other community stakeholders, announcing the release of the following documents for review and comment:

- Draft 2017-2021 Illinois Integrated HIV Prevention and Care Plan
- Draft 2016 HIV Resources Inventory
- Draft 2017-2021 Plan of Action
- Accompanying Letter from HIV Section Chief

These documents as well as the many needs assessment and planning documents that have been used throughout development of the plan can be downloaded and viewed from the folders found at the following link:

http://www.ilhpg.org/integratedplandocs

As more documents, become available, the Integrated Planning Steering Committee Co-chairs will continue to post them in the appropriate subfolders. Please remember that the documents are still drafts at this point. People can send input and comments to janet.nuss@illinois.gov or submit those via the following Discussion Board that has been established to receive community comments and input.

http://www.ilhpg.org/DraftIPDiscussion

Please feel free to forward this information to any of your community partners.

Please provide all comments by June 15, 2016.

A VISIT TO THE 2016 HIV DIAGNOSTICS CONFERENCE

In March, CDC and the American Public Health Laboratories (APHL) hosted the 2016 HIV Diagnostics Conference in Atlanta, Georgia. Laboratorians, scientists, and public health specialists from around the world came together to share research on the performance and clinical interpretations of screening and laboratory tests administered for diagnosing HIV infection. In an unprecedented time, when Treatment as Prevention (TasP) , PrEP and nPEP are now effective in preventing HIV transmission, more individuals are being routinely tested for HIV. At the same time, scientists, laboratorians, and test manufacturers are committed to streamlining and improving test technology. As HIV test technology improves, a newer "generation" of HIV tests emerge.

Next generation tests improve overall test performance and reliability, and reduce turn-around time for results. Current HIV test algorithms require a sequencing of supplemental tests which are continuously reviewed for accuracy and outcomes. Tests for HIV need to perform well with high test specificity and sensitivity to minimize false negative/positive results and the need for repeat testing and undue emotional stress if individuals are given wrong test result. With each generation, improved diagnostic tests often result in shortened windows and earlier identification of Acute HIV 1 infection when persons are most infectious and likely to transmit the virus to others. Newer tests can also differentiate between HIV 1 and 2 infections and reduce the need for repeat testing.

Currently, 5th generation tests and the consideration of a new 5th generation algorithm are on the horizon. As tests change and improve, they are often incorporated into the laboratory test sequencing algorithms to confirm HIV. The Geniius® test is a newer 5th generation test now being introduced because it clearly distinguishes between HIV 1 and 2 infection with the added feature of an automated reader, rather than the human eye, to interpret final test results. The new Bio Plex 2200, a laboratory platform assay

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A VISIT TO THE 2016 HIV DIAGNOSTICS CONFERENCE

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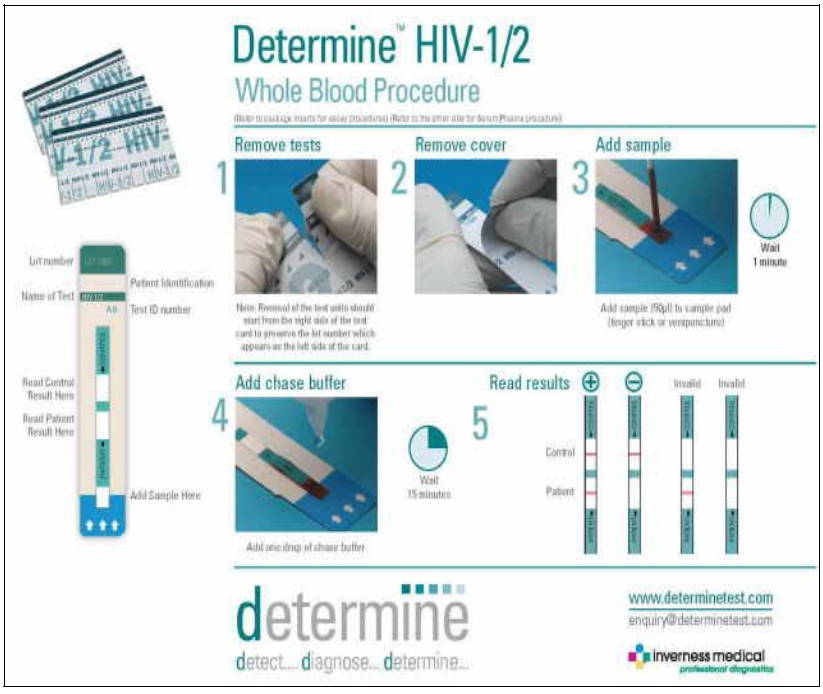
similar to the 4th generation Abbot Architect, was also showcased at the conference. This platform distinguishes between the antigen and antibody which the Abbott Architect is unable to do. Molecular testing, while expensive and cost-prohibitive for many labs, may well be available in the future to reduce the need for multiple or repeat screening tests in laboratory testing for confirmation. The Determine ® point-of-care rapid screening assay is another example of advancement in technology with the detection of the p24 antigen seen as early as seven days post exposure and now available for use in out-reach settings and for screening higher risk populations.

Along with test technology updates, the conference also highlighted the significance of the need to provide on-going education to primary care providers and physicians on current tests to be administered to confirm an HIV diagnosis according to the current CDC/APHL approved 4th generation test algorithm. HIV Surveillance programs need to reduce follow-up time with providers to reduce delays in reporting confirmed cases.

Submitted by Jamie Gates, HIV Counseling and Testing Coordinator, Illinois Department of Public Health



IDPH AWARDS EMERGING PUBLIC HEALTH LEADER

IDPH awarded its first Emerging Public Health Leader Award, to a high school or college student who demonstrates leadership in public health promotion and practice.

We are very pleased to give the inaugural award to Dominique Wilson, a senior majoring in Communications at the University of Illinois at Springfield (UIS). Dominique has volunteered as a peer educator for Brothers And Sisters United Against HIV/AIDS (BASUAH), and served as a youth representative on IDPH's HIV Prevention Planning Group.

Driven by his public health experience, Dominique has hosted and facilitated health awareness events, and organized scholarship drives, professional ethics workshops, and clothes and food drives for the homeless throughout Chicago and Washington DC. His true passion is to help others by "Paying It Forward".

Michelle Gentry– Wiseman presents Dominique Wilson the inaugural Emerging Public Health Leader Award.

The award was presented at UIS by the Assistant Director of Public Health, Michelle Gentry-Wiseman.

Submitted by Jorge De La Fuente, Center for Minority Health Services, Illinois Department of Public Health

ANTHONY WYATT RECIEVES GOVERNOR'S VOLUNTEER SERVICE AWARD

The Illinois Department of Public Health's Ryan White Part B Program, in collaboration with the Jackson County Health Department, is pleased to announce that Anthony Wyatt was selected by the Serve Illinois Commission on Volunteerism and Community Service for the 2016 Governor's Volunteer Service Awards in the Southern Adult category. The 2016 Governor's Volunteer Service Awards Ceremony took place on Wednesday, April 13th, 2016 at the Old State Capitol in Springfield, Illinois where Anthony Wyatt was honored.

Anthony Wyatt has been an active volunteer with the Jackson County Health Department since 1995. Tony serves as a Client Representative/Peer Navigator for the Southern Illinois Care Connect Program. Tony's position is three-fold: he provides support and education for those living with HIV; he provides education to the community as a whole; and he specifically targets the youth population to reduce transmission of and increase the knowledge about HIV. Tony also serves on a variety of state-wide and local advisory boards, lending his expertise to the issues and policies regarding HIV.

Tony is unique. Not only does he possess true compassion and understanding, but he is also a realist, confronting the obvious issues of HIV with expectations of personal responsibility for those that he educates. Tony is innovative and unique, because he chooses not to let his HIV diagnosis debilitate him; he uses it instead to educate others and to help them be self-sufficient. Tony empowers all those around him. Tony takes advantage of training opportunities to increase his knowledge and understanding of the disease. Tony is always thinking about the big picture when it comes to providing better education for clients, and always striving to reach the goal of reducing transmission of HIV to the youth in his area.

Tony is a dedicated and committed volunteer. He is always smiling, and most importantly he walks the walk and talks the talk with integrity and grace.

Submitted by Jeffery Maras, Ryan White Part B Administrator, Illinois Department of Public Health; and Anthony Wyatt, Client Representative/ Peer Navigator, Southern Illinois Care Connect

HEPATITIS IN THE NEWS

The following article contains two summaries of recent news stories pertaining to Hepatitis/HIV. Links original stories can be found below their respective summaries:

New Guidance for Syringe Service Programs (SSP) 2016

On December 18, 2015, President Barack Obama signed the Consolidated Appropriations Act, which modifies the restriction on the use of federal funds for programs distributing sterile syringes. The new Act still prohibits the use of federal funds to purchase sterile syringes to be used to inject illegal drugs but it does allow federal funds to be used for other aspects of syringe service programs.

On March 29, 2016 the Department of Health and Human Services issued a guidance document outlining the use of federal funds within syringe access programs. Highlights of the guidance release include:

- Funds may be used to support various components of SSPs, including HCV/HIV testing kits, naloxone and "supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers."
- In consultation with CDC, state, local, territorial, and tribal health departments must provide evidence that indicates whether the jurisdiction is "(1) experiencing or (2) at risk of, but not yet experiencing significant increases in viral hepatitis or HIV infections due to injection drug use."
    - "The request should specify: outcomes analyzed, data sources, geographic area covered, assessment period (beginning year/date to end year/date), type of measure (e.g., number, rate), and relative percent increase during the assessment period. For jurisdictions at risk for increases, the request should also include a brief summary of how the data when taken together (i.e., "triangulated") support this determination."
- Once a health department has received notice of approval regarding determination of need for the jurisdiction, they will be eligible to apply to the respective federal agency for redirection of funds. Grantees should receive specific SSP guidance from their funding agency regarding which programs may apply for redirection and the application process for each agency.

The entire guidance can be viewed at this link; https://www.aids.gov/pdf/hhs-ssp-guidance.pdf

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HEPATITIS IN THE NEWS

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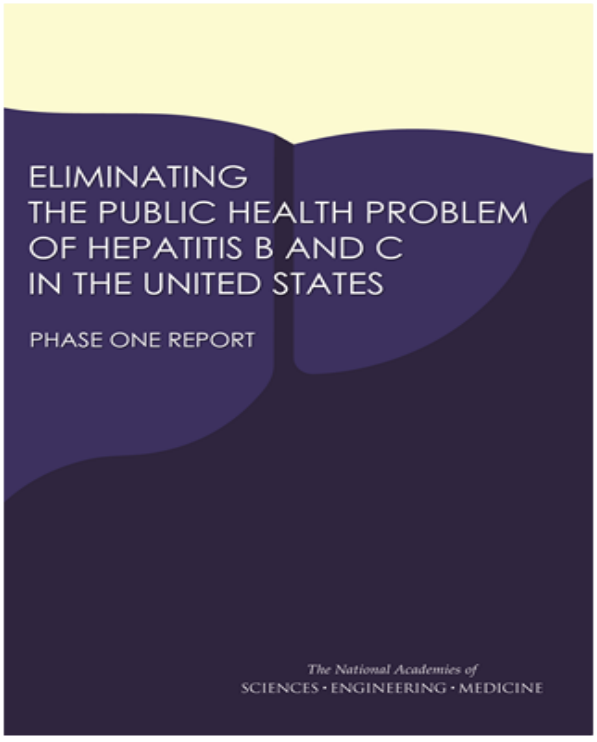
Eliminating the Public Health Problem of Hepatitis B and C in the U.S.

The National Academies of Sciences, Engineering, and Medicine released "Eliminating the Public Health Problem of Hepatitis B and Hepatitis C in the U.S". The report was commissioned by the Centers for Disease Control and Prevention's (CDC) Division of Viral Hepatitis (DVH) and the Department of Health and Human Services (HHS) Office of Minority Health (OMH) to determine the feasibility of national elimination of hepatitis B and C, and to describe barriers to meeting this goal.

It was determined that **"hepatitis B and C could both be eliminated as public health problems in the United States, but that this would take considerable will and resources: disease control might be more manageable in the short-term."** The second phase of the project (to be published in 2017) will set a strategy and recommend action to eliminate the public health problem of hepatitis B and C.



After analyzing the problem of hepatitis B and hepatitis C in the United States, it was concluded that control is feasible in the relatively short term. Eliminating the public health problem of hepatitis B and hepatitis C will take more time, and require considerable public will, resources, and attention to barriers. Some of the listed barriers include: surveillance is sporadic and underfunded; stigma keeps people from screening and care; only about half of hepatitis C chronically infected people have been diagnosed; high costs of direct-acting antiviral drugs to treat hepatitis C makes universal treatment unfeasible; and hepatitis C is not a public priority.

The entire publication is available at this link; http://nationalacademies.org/HMD/Reports/2016/Eliminating-the-Public-Health-Problem-of-Hepatitis-B-and-C-in-the-US.aspx

Submitted by Lesli Choat, BS, MT (ASCP), STD Counseling and Testing Coordinator, Viral Hepatitis Prevention Coordinator, Illinois Department of Public Health

SYPHILIS CASES CONTINUE TO INCREASE NATIONALLY AND IN ILLINOIS

By Marguerite Smith, MS, MPH, Illinois Department of Public Health STD Program

In recognition of STD Awareness Month (April 2016), the following article appeared in the Illinois Primary Health Care Association's April Newsletter. It can be viewed at the following link: https://iphca.org/Portals/0/HealthSource/April2016.pdf?ver=2016-04-28-160852-247

Submitted by Lesli Choat, BS, MT (ASCP), STD Counseling and Testing Coordinator, Viral Hepatitis Prevention Coordinator, Illinois Department of Public Health

In November 2015, the Centers for Disease Control and Prevention (CDC) released the *Sexually Transmitted Disease Surveillance 2014* report[1]. This report showed that rates of three of the nationally reportable Sexually Transmitted Diseases-chlamydia, gonorrhea, and syphilis-all increased for the first time since 2006. The most alarming increase was among the rates of primary and secondary (P&S) syphilis, which are the most infectious stages of syphilis.

The lowest national rate of P&S syphilis cases ever reported occurred in 2000 with 2.1 cases per 100,000 population (5,979 cases). In 2014, the national rate of P&S syphilis tripled to 6.3 cases per 100,000 population (19,999 cases).

The rate of P& S Syphilis has doubled in Illinois since 2000 (3.3 cases per 100,000 population and 412 cases); in 2014, the rate was 6.7 cases per 100,000 population (863 cases), the 12th highest rate in the United States. In county rankings, Cook County had the 2nd highest rate of P&S syphilis with 13.8 cases per 100,000 population in 2014 (724 cases).

The increase in P&S syphilis cases from 2000 to 2014 has been attributed to increases of infections in men, particularly men who have sex with men (MSM). In 2014, 72% of P&S syphilis cases in Illinois were among MSM (where sex of sex partner is known). \

There remains a high rate of co-infection with HIV in P&S syphilis cases in MSM nationally. In Illinois, where sex of sex partner and HIV status is known, 57% of P&S syphilis cases among MSM were co-infected with HIV in 2014.

While the majority of P&S syphilis cases both nationally and in Illinois are reported in men (91% in 2014), P&S syphilis cases in women are also increasing. In Illinois, from 2013 to 2014 there was an 18.5% increase in P&S cases in women (66 and 81 cases respectively). This is concerning because the rate of congenital syphilis cases tends to increase as P&S syphilis cases increase in women. This has been true in Illinois since there was a 14.8% increase in congenital syphilis cases from 2013 to 2014 (23 and 27 cases respectively).

The following is a brief description and current recommendations for syphilis prevention and treatment:

Diagnosis

Diagnoses of syphilis are made using both nontreponemal and treponemal blood test results. Because nontreponemal tests (RPR and VDRL) are not specific for syphilis and may sometimes be positive for other biological reasons, they alone cannot be used for diagnosis. RPR and VDRL results should have a quantitative titer reported with them. Treponemal tests (FTA, EIA, TP-PA) detect antibodies specific to syphilis. The antibodies detected in these tests usually remain detectable for life even after successful treatment.

Staging

Syphilis can be classified into early and late stages. Early syphilis contains primary, secondary, and early latent stages, in which infection has been acquired in the past 12 months. Primary syphilis is characterized by the

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SYPHILIS CASES CONTINUE TO INCREASE NATIONALLY AND IN ILLINOIS

By Marguerite Smith, MS, MPH, Illinois Department of Public Health STD Program

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presence of a single painless sore called a chancre. However, multiple chancres can be present. Secondary syphilis is characterized by the presence of a body rash that typically involves the palms and soles of the feet or the trunk of the body. Late syphilis (ie., latent syphilis) is when infection has been acquired more than 12 months ago.

Neurosyphilis can be present at any stage of syphilis and cause a wide range of symptoms such as headache, altered behavior, and movement problems. The infected person must have a positive syphilis test via the Cerebral Spinal Fluid (CSF) in order to be diagnosed with neurosyphilis.

Occular syphilis can be present at any stage of syphilis and may involve any eye structure. This may lead to decreased visual acuity or blindness. Patients at risk for syphilis should be screened for visual complaints. In 2015, CDC released a clinical advisory for the diagnosis and management of ocular syphilis. Please visit this website for access to this advisory: http://www.cdc.gov/std/syphilis/clinicaladvisoryos2015.htm

Screening Recommendations

The following are recommendations for serologic testing of syphilis.

- Test any person with signs or symptoms of syphilis.
- Test all MSM and HIV-positive patients at least once annually and every three months for individuals with ongoing high-risk behaviors. High-risk behaviors include having multiple or anonymous sexual partners, engaging in unprotected sex (oral, anal, or vaginal), or having sex in conjunction with illicit drug use.
- Test anyone who has had a partner(s) test positive for syphilis or who is sexually active and lives in an area with high syphilis morbidity.
- Test all pregnant women at the first prenatal visit and during the third trimester of pregnancy. This is legally required under the Illinois Prenatal Syphilis Act (410 ILCS 320) [2].

Treatment Recommendations

The following treatment recommendations are from the CDC's 2015 Sexually Transmitted Diseases Treatment Guidelines[3]. Please see these guidelines for the treatment of neurosyphilis and ocular syphilis.

- Treatment for early syphilis is with a one-time dose of 2.4 million units of Benzathine Penicillin G (Bicillin L-A) for non-allergic patients. Penicillin allergic, non-pregnant, patients can be treated with doxycycline 100 mg orally twice daily for 14 days.
- Treatment for late syphilis is with Benzathine Penicillin G (Bicillin L-A) 7.2 million units, administered as three doses of 2.4 million units IM each at one week intervals for non-allergic patients.

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SYPHILIS CASES CONTINUE TO INCREASE NATIONALLY AND IN ILLINOIS

By Marguerite Smith, MS, MPH, Illinois Department of Public Health STD Program

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- Empirically treat, without waiting for test results, any patient who presents with classic features of primary or secondary syphilis or who has had a sexual exposure to an early syphilis case in the past 90 days.
- Syphilis during pregnancy must be treated with the penicillin regimen appropriate to their stage of syphilis. If a pregnant woman is allergic to penicillin, she must be desensitized and treated with penicillin. Benzathine penicillin G is the only known effective antimicrobial for prevention of maternal transmission of syphilis to the fetus.
- If you do not have Benzathine Penicillin G (Bicillin L-A) readily available, please refer the patient to your local health department for appropriate treatment.

Reporting Requirements

Syphilis cases are legally required under the Illinois Control of Sexually Transmissible Diseases Code[4] to be reported within seven days of diagnosis or treatment to the local health department of the county where the health care provider is located. STD Morbidity Report Forms for reporting syphilis cases can be obtained from local health departments. Timely reporting of new cases is critical to the success of partner notification and prevention efforts.

Partner Notification

All early syphilis cases will be contacted by a Disease Intervention Specialist (DIS) from the local health department where the patient resides. The DIS will attempt to interview each early syphilis case for risk factors and for sexual partners that need to be tested and/or preventatively treated. Patients that test positive for syphilis should be encouraged to notify their sexual partners of the need to seek testing and treatment. Partner notification is vital to limiting the spread of syphilis infection in a community.

While syphilis cases continue to increase, it is important to screen high risk populations and pregnant women, follow the current CDC treatment guidelines for syphilis, and report all syphilis cases to the local health department in a timely manner.

For more information about syphilis or any other STD please visit the CDC STD website at http://www.cdc.gov/std or contact the Illinois Department of Public Health HIV/AIDS & STD Hotline at 1-800-243-2437.

References

Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2014.* Atlanta: U.S. Department of Health and Human Services; 2015. http://www.cdc.gov/std/stats14/default.htm

Prenatal Syphilis Act. (Source: P.A. 86-1324.) http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1553&ChapAct=410%C2%A0ILCS%C2%A0320/&ChapterID=35&ChapterName=PUBLIC%20HEALTH&ActName=Prenatal%20Syphilis%20Act.

Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR Recomm Rep 2015;64 (No. RR-3): 1-137. http://www.cdc.gov/std/tg2015/default.htm

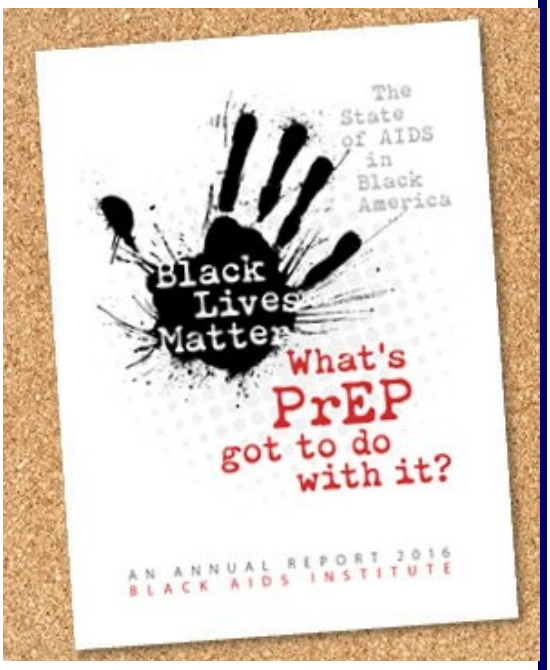
Control of Sexually Transmissable Diseases Code. (Source: Amended at 38 Ill. Reg. 20788, effective October 15, 2014) http://www.ilga.gov/commission/jcar/admincode/077/07700693sections.html

NEW REPORT: 'Black Lives Matter– What's PrEP Got to Do With It?'

By Black AIDS Institute

This article was posted on the Black AIDS Institute website on April 19, 2016. Excerpts are listed here. The original article can be viewed at https://www.blackaids.org/news-2016/2709-black-aids-institute-releases-12th-annual-state-of-aids-in-black-america-report-black-lives-matterwhats-prep-got-to-do-with-it.

Submitted by Cynthia Tucker, Vice President of Prevention and Community Partnerships, AIDS Foundation of Chicago



On April 19th, 2016, the Black AIDS Institute, in partnership with Gilead Sciences, released its 2016 report on the State of AIDS in Black America: "Black Lives Matter: What's PrEP Got to Do With It?" The report focuses on what Black communities need to know about pre-exposure prophylaxis (PrEP) and other new biomedical HIV prevention tools.

Many scientists, doctors and advocates believe that the scientific tools needed to end the AIDS epidemic already exist. Unfortunately, as the persistently unacceptable high rates of new HIV infections underscore, these tools are not being applied effectively in Black communities. While new HIV diagnoses in the U.S. as a whole fell 19 percent between 2005 and 2014, new cases among Black gay and bisexual men, for example, increased by 87 percent.

When used correctly, PrEP has been shown to reduce the risk of acquiring HIV for HIV-negative individuals with an HIV-positive partner; however, it is still being underutilized in Black communities.

"We are at a point in the HIV epidemic where we can either reduce HIV health disparities or exacerbate them," says Black AIDS Institute President and CEO Phill Wilson. "Some communities are rapidly adapting to a new world where biomedical tools to fight HIV are used to dramatic positive effect. We're not seeing that kind of response in Black communities. This report investigates why."

"The report examines where Black communities are in familiarity, understanding, knowledge, beliefs, access and utilization of PrEP. It also makes recommendations on how the community can maximize the potential benefits of PrEP and other biomedical interventions," Wilson adds. "But most importantly, this report provides resources to help educate communities about PrEP and help communities access and finance PrEP. Finally, this report makes recommendations on how Black communities can maximize the potential benefits of PrEP and other biomedical interventions."

Click here for the report: https://www.blackaids.org/images/reports/16%20prep%20report.pdf

NATIONAL YOUTH HIV/AIDS AWARENESS DAY– APRIL 10

National Youth HIV/AIDS Awareness Day (NYHAAD) is celebrated on April 10th to educate the public about the impact of HIV/AIDS on youth. According to the Centers for Disease Control and Prevention (CDC), youth aged 13-24 accounted for 22 percent of new infections in the United States in 2014. Despite the growing number of infections among youth, HIV testing rates in this population remain low compared to other age groups. It is estimated that only 1 in 5 sexually active U.S high school students have been tested for HIV in their lifetime.

Like national trends, HIV infections among youth in Illinois continue to rise and are of concern to public health professionals and the communities they serve. Since 2000, the rate of HIV diagnoses among 13-24 year olds in Illinois has increased by over 80% (11.8 to 21.5 diagnoses per 100,000). HIV infections in Illinois among youth disproportionately affect certain race/ ethnicity groups as well as transmission risk groups. From 2009-2013, 68% of new HIV infections among youth were attributed to non-Hispanic African Americans, and MSM accounted for 85% of all new HIV diagnoses among youth. Overall, Black MSM accounted for 42% of HIV infections among youth by the end of 2013.

Advocates for Youth created NYHAAD in 2013 in order to prioritize young people in the response to HIV/AIDS. They recognize several disparities that make youth more susceptible to acquiring HIV compared to other age groups. Approximately half of youth living with HIV are undiagnosed and do not know that they have it, and among HIV infected youth, only 13% are achieving viral suppression. Additionally, youth of color (both males and females) are disproportionately affected by HIV. Influencing factors to these disparities include barriers caused by stigma, lack of access to preventative services with no out-of-pocket cost, financial instability, lack of education, and lack of a voice in decisions related to HIV prevention and services.

As HIV infection rates continue to rise among youth due to personal, social, and structural barriers to HIV prevention and care, Advocates for Youth and countless other organizations at local, state, and federal levels have worked to empower youth to take a stand against HIV. Social media campaigns have become an important tool in engaging and educating youth about HIV. Additionally, youth advocates continue to spread awareness about HIV through LGBT and HIV service-related groups in their communities. Although NYHAAD has come and gone in 2016, youth advocates and their allies across the country are eager to continue their work in preventing HIV among young people in hopes of an HIV/AIDS-free generation in the near future.

For more information on NYHAAD from Advocates for Youth, please visit http://amplifyyourvoice.org/nyhaad#.Vw6ZYU32aRs .

Sources:
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Center for Disease Control and Prevention (2016). *National Youth HIV & AIDS Awareness Day*. Retrieved from http://www.cdc.gov/features/youth-hiv-aids/index.html
Illinois Department of Public Health (2015). *Youth*. Retrieved from http://dph.illinois.gov/sites/default/files/publications/1-29-16-OHP-HIV-factsheet-Youth.pdf

Submitted by: Marleigh Voigtmann, HIV Community Planning Intern, Illinois Department of Public Health

NATIONAL TRANSGENDER HIV TESTING DAY– APRIL 18

On April 18, 2016, the Centers for Disease Control and Prevention (CDC) and the Center of Excellence for Transgender Health at the University of California, San Francisco, partnered to sponsor and observe the inaugural National Transgender HIV Testing Day (NTHTD).

NTHTD was established to recognize the importance of routine HIV testing, status awareness, and continued focus on HIV prevention and treatment efforts among transgender communities across the nation. The day served as a call to action that encouraged local, state, and national HIV prevention programs to engage transgender individuals in HIV testing and other HIV-related services by hosting testing events that specifically cater to the needs of transgender communities and developing trans-specific HIV testing campaign materials and resources.

Although little information exists on how many transgender individuals in the US are infected with HIV, the CDC reports that transgender people, especially transgender women, are disproportionately affected by HIV. In a 2013 meta-analysis study, it was estimated that HIV prevalence among transgender women was 22%. A 2008 meta-analysis study suggested that 28% of transgender women were infected with HIV, but only 12% were aware of their HIV status. The 2008 meta-analysis also reported significant racial/ ethnic disparities among transgender women. It was reported that 56% of African American transgender women in the study were HIV+, while positivity rates among Caucasian and Hispanic transgender women were 17% and 16%, respectively.

Although transgender people are disproportionately affected by HIV, multiple barriers and challenges contribute to lack of routine HIV testing in transgender communities. They include, but are not limited to, drug and alcohol abuse, mental health disorders, homelessness, unemployment, lack of social support, violence, stigma, discrimination, limited access to health care and negative health care encounters. It is the hope of CDC and the Center of Excellence for Transgender Health that individuals and organizations will keep these barriers in mind as they continue in their daily efforts to uphold NTHTD's call to action to create access to culturally-sensitive HIV testing for transgender individuals.

Would you like to learn more about how you can raise awareness of the need for increasing access to culturally-sensitive HIV testing and HIV services among transgender communities? To help agencies and organizations begin and expand this important work, the Center of Excellence for Transgender Health has developed a Transgender HIV Testing Toolkit. It can be viewed at the following link: http://transhealth.ucsf.edu/pdf/NTHTD/NTHTD_Toolkit.pdf

Sources:
Center of Excellence for Transgender Health (2016). *2016 National Transgender HIV Testing Day*. Retrieved from http://transhealth.ucsf.edu/trans?page=ev-nthtd-2016
Centers for Disease Control and Prevention (2016). *HIV Among Transgender People*. Retrieved from http://www.cdc.gov/hiv/group/gender/transgender/index.html

Submitted by: Marleigh Voigtmann, HIV Community Planning Intern, Illinois Department of Public Health

PEER NAVIGATION IN ILLINOIS: A CAPUS FUNDED PROJECT

The Care and Prevention in the United States (CAPUS) Demonstration Project was a three-year cross-agency (CDC, HRSA, SAMHSA, Office of Minority Health and Office of Women's Health) demonstration project led by the CDC. The purpose of the project was to reduce HIV and AIDS-related morbidity and mortality among racial and ethnic minorities living in the United States. Illinois was one of eight health departments that received the CAPUS Award in September 2012.

The project identified two primary goals: increasing the proportion of racial and ethnic minorities with HIV who have diagnosed infection by expanding and improving HIV testing capacity; and optimizing linkage to, retention in, and re-engagement with care and prevention services for newly diagnosed and previously diagnosed racial and ethnic minorities with HIV. The project design supported NHAS goals of reducing new HIV infections; increasing access to care and improving health outcomes for people living with HIV; reducing HIV-related disparities and health inequities; and achieving a more coordinated national response to the HIV epidemic in the United States.

Navigation services was one of the four required CAPUS program components identified by CDC, and in response to this requirement, IDPH supported the development of enhanced Peer Navigation projects in each of its eight Care Connect regions. The statewide Peer Navigation system was designed to facilitate the engagement of both newly and previously diagnosed HIV-infected persons into services. Nationally, Peer Navigators serve as facilitators of linkage to and re-engagement in care, while offering support to enhance anti-retroviral therapy adherence.

The IDPH CAPUS funding allowed for the hiring of nine peer navigators for the program and also included training and capacity-building support. The state-wide trainings were coordinated by Mike Maginn, of the Illinois Public Health Association (IPHA), with support from the late IDPH consultant Kimberly Harris, PhD, and Peter McLoyd of the Ruth M. Rothstein CORE Center. A module training curriculum was implemented for peer leaders selected by Ryan White Regional Program directors for three levels of competencies, with a suggested training calendar and logistical

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PEER NAVIGATION IN ILLINOIS: A CAPUS FUNDED PROJECT

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plan. This was based on methodological critiques of existing peer training curricula/protocols and allowed for a statewide integrated and comprehensive peer navigation training format. Drafts of peer navigation workgroup training curricula were reviewed for breadth and depth, as well as for theoretical and practical applicability.

Peer Navigator Facilitators (from left to right): Simone Phillips, Dr. Kimberly Harris, Mike Maginn, Alicia Downes (Not pictured: Peter McLoyd and Joan Ferguson)

The Peer Navigation facilitators: Alicia Downes, LMSW, Simone Phillips, Joan Ferguson, and Mike Maginn assisted in the design, development, and delivery of the modular training curriculum, including the People to People Training Curriculum. The Peer-to-Peer Facilitation Course was designed to teach participants living with HIV/AIDS how to plan, implement, and facilitate individual and small group sessions. The course also taught the use of effective communication skills, facilitation skills, and teaching strategies while enhancing knowledge about cultural competency as it relates to diverse populations living with HIV/AIDS. The trainings included topics such as HIV 101, cultural competency, safer sex practices, partner negotiation, and strategies for linkage to care. Three CAPUS navigators had opportunities to train with and "shadow" experienced CORE Center navigators in an urban HIV primary care clinic. These navigators were also recipients of funding support that aided them in earning their Community Health Worker (CHW) Certification via online college classes. More details and outcomes related to the CHW Certification efforts will be described if upcoming newsletters.

Submitted by Peter McLoyd, Consumer Development and Advocacy Coordinator, Ruth M. Rothstein CORE Center

UPCOMING HIV TRAINING OPPORTUNITIES

Excerpts from the IDPH HIV Section Training Calendar are listed here. For the complete list of 2016 trainings and for additional information about the trainings listed below, please visit http://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/trainings-and-conferences .

→Fundamentals of HIV Prevention Counseling, Testing and Partner Services

Prerequisite: Successful completion of the Illinois Department of Public Health (IDPH) HIV Prevention Counseling and Testing (CTR) Home Study and the CTR Program Forms on-line Training**.** Please contact Sandra Douglas by email at Sandra.Douglas@illinois.gov or call 217 524-6795 for further information.

Description: This is a five-day course for new counselors who will be providing HIV prevention counseling and testing. The course includes the six step HIV prevention counseling protocol, concepts and skills for effective client-centered counseling, client coaching for partner notification, and partner counseling and referral, as well as training on the use of rapid testing devices and confirmatory specimen collection. *Counselors must pass a written test and Counseling Patient Simulation Assessment in order to receive a counselor number and provide HIV prevention counseling and testing at publicly-funded testing sites.*

Dates and Location: June 6 – 10, Belleville; August 8 – 12, Chicago; September 19 - 23, Springfield; December 5 – 9, DuPage County

→Risk Reduction Counseling

Risk reduction counseling is a public health strategy employing client-centered counseling techniques to help persons at risk for HIV infection or transmission identify their personal risk behaviors and develop and implement plans for reducing or eliminating those risks. This course, Risk Reduction Counseling, will help HIV prevention and care professionals enhance their knowledge of HIV prevention and build the skills necessary for providing effective risk reduction counseling to the clients they serve.

Dates and Location: June 21 - 22, Chicago Suburbs ; November 2-3, Belleville

→Planning, Implementing and Monitoring and HIV CTR Program

This course was designed for program managers who are new to HIV Counseling and Testing and Rapid HIV Testing. The goal of this training is to provide you with the knowledge and skills you need to successfully assess, plan, implement and monitor a CTR program at your agency. It is not necessary to be a "new" program manager to benefit from this course.

Dates and Location: July 12 – 13, Suburbs; July 27-28, Bloomington

→The PROVIDE® Enterprise Webinar

This webinar is for newly funded Illinois Department of Public Health grantees who have never

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UPCOMING HIV TRAINING OPPORTUNITIES

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attended a PROVIDE Enterprise database webinar.

Dates: June 14, 10 a.m. ; August 17, 2 p.m. ; September 30, 10 a.m. ; December 14, 2 p.m.

→**Culturally Respectful HIV Services for Transwomen and Men of Color Who Have Sex with Men**

This training uses exercises and group discussions to help participants understand how culture impacts Black Men, Latino Men and Transgender Persons of Color who have sex with men. This course is designed for DIS workers and Case Managers.

Dates and Location: November 15 – 16, Suburbs

Schedule is subject to change.

Submitted by Karen Pendergrass, HIV Section Training Administrator, Illinois Department of Public Health

UPCOMING STD TRAINING OPPORTUNITIES

STD New Counselor Trainings will be held in Springfield on ***August 23-25, 2016*** . This training is open to all agencies, and registration will open approximately six weeks before each training.

Interested? Please contact Lesli Choat at lesli.choat@illinois.gov or 217-524-3917 for more information.

Submitted by Lesli Choat, STD Counseling and Testing Coordinator, Viral Hepatitis Prevention Coordinator, Illinois Department of Public Health

ILHPG NEW MEMBER SPOTLIGHT

The ILHPG is pleased to highlight several new members in this edition of the newsletter! Please see their stories below to learn more about the skills, strengths, ideas, and experiences they bring to the table in HIV planning.

Silas Hyzer

Silas Hyzer currently serves as the Lead Agent representative on the ILHPG. Silas is the Quality and Prevention Coordinator with The Public Health Institute of Metropolitan Chicago (PHIMC) where he serves as the co-lead agent for Region 8- Suburban Cook County under the Regional Implementation Group (RIG) HIV targeted testing grant.

After receiving his bachelor's degree in social work from the University of Michigan, Silas moved to Chicago in 2011. Prior to working in the HIV field, he worked in a variety of clinical settings primarily with the adult mentally ill population. Before starting his position with PHIMC, Silas completed his graduate studies at the University of Illinois-Chicago, receiving his master's in social work as well as a master's in public health. Silas first began work in the HIV world during his field practicum while working in linkage to care with Chicago House Social Service Agency. During his time at Chicago House, Silas worked with clients who were recently diagnosed with HIV or who were previously diagnosed and had fallen out of care.

Silas has a passion for data and sits on the Epi/Needs Assessment committee of the HPG. As a firm believer in mixed method approaches for data collection, he would like to see HIV planning incorporate qualitative as well as quantitative approaches. In addition to data, he is interested in expanding PrEP and nPEP education and training to potential providers and recipients.

Debbie Knoll

Debbie Knoll began her public health career in January 1998 at Madison County Health Department as a staff nurse responsible for surveillance of communicable diseases including sexually transmitted diseases and HIV/AIDS. This role included ensuring that clients were adequately treated, educating the clients about the etiology and epidemiology of diseases, instituting measures to stop the spread of diseases, and preventing future occurrences. In 2002, Debbie assumed the role of Personal Health Services Manager with the major responsibilities of managing the core public health programs under the local health protection grant as well as developing and managing grant funded programs, e.g., the

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ILHPG NEW MEMBER SPOTLIGHT

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Illinois Breast and Cervical Cancer Program, Komen grants, Prostate grants, Genetics grants, Lead grants, Hearing and Vision grants, and various HIV prevention grants. Debbie plans, directs, and oversees clinical programs and services as well as provides supervisory, professional, and technical guidance to nursing and support staff. Debbie is directly responsible for establishing and maintaining programs that provide quality public health services to a county with a population over 270,000.

Debbie's goal for her last few years employed in public health is to ensure that her staff has all the knowledge and tools they need to continue providing high quality public health services. She also would like to encourage her staff to take risks so they are not afraid to be flexible and make changes as health care and public health enter a new decade.

Tracey Vogelsang

Tracey Vogelsang has been involved in HIV prevention and advocacy since the age of 18 by staffing a local HIV hotline, later volunteering for an HIV-prevention focused LGBT youth group, advocating for policy change and funding with state legislators, and then completing an undergraduate social work internship in HIV case management. She has now worked as a Medical Case Manager at the University of Illinois College of Medicine at Peoria (UICOMP) for the past 12 years. She works in UICOMP field office in Bloomington hosted by the McLean County Health Department. She is currently finishing her master's in public health at UIC. Tracey has been a member of the Ryan White Part B Medical Case Management Committee for the last 5 years. That committee holds monthly conference calls and attends the (previously quarterly) Ryan White Part B Advisory Committee meetings. Tracey joined ILHPG in the winter of 2015. She is proud to be the RIG rep for Region 2 and to work with and learn from all of the dedicated prevention providers in this region. She is also very glad to work toward fostering a continued relationship of cooperation between HIV care and prevention in this area of the state. Tracey looks forward to working with everyone on the ILHPG!

Jill Dispenza

Jill Dispenza joined Center on Halsted in 2003 and in 2005, she became Director of the State of Illinois AIDS/HIV & STD Hotline. In 2008, Jill became the Director of HIV Testing & Prevention and created, developed, launched, and continues to direct the Center's successful HIV Testing & Prevention Program. She is a new member of the State of Illinois

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ILHPG NEW MEMBER SPOTLIGHT

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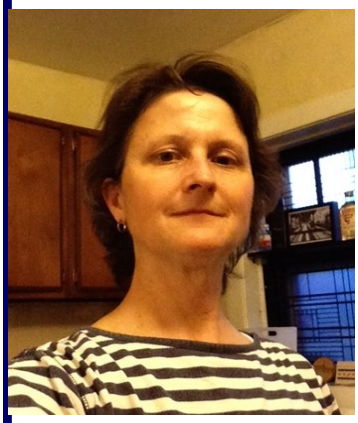

HIV Planning Group and sits on the ILHPG Interventions and Services Committee. Jill also was appointed by Chicago's Mayor, Rahm Emanuel, to the Chicago Area HIV Integrated Services Council (CAHISC) and is a member of CAHISC's Membership and Community Engagement Committee. Jill is also a member of IDPH's HIV/STD Conference Prevention and Youth Track Organizing Committees, the Chicago PrEP Working Group, Chicago Department of Public Health's Meningococcal Committee, the Illinois TB Coalition, and the GMT (Gay, MSM, and Transgender) Collaborative. Jill's passions and priorities related to HIV include her belief in and awe of her talented, committed staff at Center on Halsted and her strong desire to enhance partnerships with health departments, community organizations, and community members in order to assist those most affected by HIV to live their lives to their fullest potential. Jill received her master's degree from The Juilliard School in New York City.

Peter McLoyd

Shortly after testing positive for HIV in 1997, Peter McLoyd made a conscious decision to work with and support others also living with HIV. Since then, Peter has worked as an advocate for People Living with HIV / AIDS and Hepatitis C in local and national capacities. He currently serves as the Consumer Development and Advocacy Coordinator at the Ruth M. Rothstein CORE Center in Chicago, Illinois. In this role, he works with staff and clients to facilitate advocacy, educational, and training opportunities for People Living with HIV/AIDS (PLWHAs).

Having a core belief in Amnesty International's Universal Declaration of Human Rights that everyone has the right to health, including health care, he volunteers on local, state, and national planning bodies and coalitions where service needs are identified, priorities are set, resources are allocated, and advocacy is performed as necessary. Peter has formerly or is currently serving as a member of the Board of Directors for The AIDS Alliance for Children, Youth, and Families; Chicago HIV Prevention Planning Group (HPPG); Chicago Area HIV Integrated Services Council; Urban Coalition of HIV/AIDS Prevention Services (UCHAPS); the AIDS United Public Policy Committee; and now the Illinois HIV Planning Group (ILHPG).

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